



**CITY OF BELLEVUE
UTILITIES DEPARTMENT**

**MONTHLY CERTIFICATE
QUANTITY OF WATER TAKEN FROM HYDRANTS**

450 110TH AVE NE PO BOX 90012 BELLEVUE WA 98009-9012

The undersigned hereby certifies that the following is an accurate, true and correct statement indicating the quantity of water taken from the City of Bellevue's Fire Hydrant. (Attach additional sheets if necessary)

Period from _____ To _____
Month Day Year Month Day Year

	Date Water Taken	Identification Truck or Tank	Tank Capacity Gallons	Gallons Taken	Name of Operator	For Office use 100's C.F.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
						Consumption:	

***Notice:** *This certificate must be returned to the City of Bellevue Utilities RMCS Division by the 15th of every month, even if no water has been used. Failure to submit this monthly certificate will generate a maximum billing charge for water use which may exceed actual usage.*

Mail to
or Fax: City of Bellevue
Utilities RMCS
Attn: Elvie Muya
450 110th Ave NE
P.O. Box 90012
Bellevue, WA 98009-9012
Phone: (425) 452-6989 **Fax:** (425) 452-5214

Permit No. _____ Expires: _____

Date Completed: _____

Company Name: _____

Signature: _____